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7590

09/16/2004

COLLARD & ROE, P.C.
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<i>2 MAILED A GUASTELA</i>	
(Depositor's name)	
<i>12/21/04</i>	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/813,240	03/20/2001	Wilfried Von Ammon	VON AMMON ET AL 9	1729

TITLE OF INVENTION: SEMICONDUCTOR WAFER MADE FROM SILICON AND METHOD FOR PRODUCING THE SEMICONDUCTOR WAFER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$120 1370	\$300	\$160 1670	12/16/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MONDT, JOHANNES P	2826	117-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Collard & Roe, P.C.</u>
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<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siltronic AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Munich, Germany

12/07/2004 MBIZUNE2 00000094 09813240

01 FC:1501	1370.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-21400 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edward Freedman

Date

December 2, 2004

Registration No.

26,048

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